

Entered -01-09-01 - sb
CL 01L0013 - GWENDOLYN BURNS

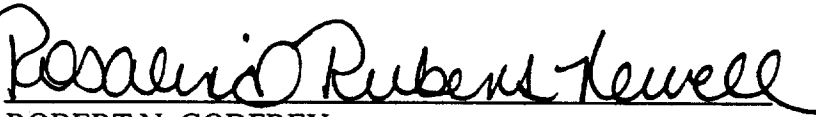
CLAIM OF:

TRISTAN COOLEY
3695 Cascade Road, Suite F-202
Atlanta, Georgia 30331

01- 12-1414

For property damages alleged to have been sustained from a sewer
back up on November 28, 2000 at 1176 and 1178 Garibaldi Street.

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0013

Date: August 26, 2001

Claimant /Victim TRISTAN COOLEY
BY: (Atty) (Ins. Co.) _____
Address: 3695 Cascade Road, Suite F-202, Atlanta, Georgia 30331
Subrogation: _____ Claim for Property damage \$ 900.00 Bodily Injury \$ _____
Date of Notice: 12/13/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 11/28/00 Place: 1176 and 1178 Garibaldi Street
Department PUBLIC WORKS Division Sewer Operations
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that his rental property sustained damages from a sewer back up. However, an investigation determined that the City did not have notice of any problems at this location prior to the November 28, 2000 occurrence. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

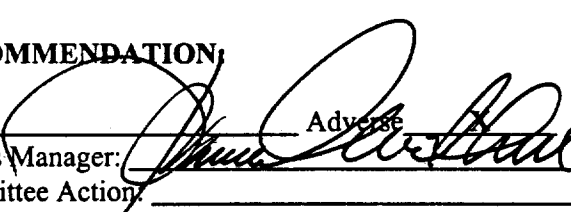
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 08-30-01
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

BURNS
12/28/00
D

Today's Date: 12-3-00

Dear Municipal Clerk:

ENTERED -
01L0013 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 900.00 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 11-28-00 2. Time of Incident: ~12:30 AM 3. Police called: Yes No
(month/day/year).
4. Location of incident (including street address): 1176 and 1178 Garibaldi Street - Duplex
5. Name of your insurance company: State Farm Insurance Policy No. 91-KO-1801-2
6. State what and how incident occurred: sewer back-up from the street. The backed-up water caused water to overflow throughout the two(2) duplex apartments. The carpet and padding must be replaced. 1176/1178 Garibaldi Street, Atlanta, GA 30310 ↔ This property is my rental property (Tenants spoke to he Roy Foreman)
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Tristan Cooley

(Print Claimant's Name)

3695 Cascade Road, Suite F-202
(Address)

Atlanta, GA 30331

(City, State and Zip Code)

404-629-5525

(Work Number)

404-629-5496

(Home Number)

(4) 376-9380

01- E-1414

01-R-11111